



**ARIZONA DEPARTMENT OF HEALTH SERVICES  
DIVISION OF PUBLIC HEALTH SERVICES  
BUREAU OF EMERGENCY MEDICAL SERVICES  
TRAINING PROGRAM AMENDED APPLICATION**



**I. IDENTIFICATION**

\_\_\_\_\_  
Legal Business or Corporate Name

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Facsimile Number

\_\_\_\_\_  
Written Name of Chief Administrative Officer

\_\_\_\_\_  
Telephone Number of Chief Administrative Officer

**II. COURSES**

**Check each new course the applicant will provide:**

Course Name (Check all that apply):

- ☐ Arizona EMT-B Course, defined in R9-25-305
- ☐ Arizona EMT-B Refresher, defined in R9-25-306 and Arizona EMT-B Refresher Challenge Examination, defined in R9-25-306
- ☐ Arizona EMT-I Course, defined in R9-25-307
- ☐ Arizona EMT-Intermediate Transition Course, defined in R9-25-318
- ☐ Arizona EMT-P Course, defined in R9-25-308
- ☐ Arizona ALS Refresher, defined in R9-25-309 and Arizona ALS Refresher Challenge Examination, defined in R9-25-309

**III. ATTESTATIONS**

I attest that the applicant will comply with all requirements in A.R.S. Title 36, Chapter 21.1 and Title 9 A.A.C. Chapter 25, and that all information required as part of the application has been submitted and is true and accurate.

\_\_\_\_\_  
*Signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative*

\_\_\_\_\_  
*Date of signature or electronic signature*

#### IV. ADDITIONAL INFORMATION REQUIRED AS PART OF THIS APPLICATION

Submit the following with this application form, as applicable:

1. A copy of a certificate of insurance or proof of self-insurance required in R9-25-301(F).
2. For each training program medical director, documentation that the individual is qualified under R9-25-310.
3. For each training program director, documentation that the individual is qualified under R9-25-311
4. For each lead instructor, documentation that the individual is qualified under R9-25-312.
5. If required under R9-25-304(B), a copy of each executed agreement, including all attachments and exhibits, for clinical training and field training;
6. For each course to be provided, copies of policies and procedures required in R9-25-313;
7. For each course to be provided, copies of disclosure statements required in R9-25-314;
8. The undersigned verifies that the training program will:  
Develop, administer, and grade a final written course examination, a final comprehensive practical skills examination, or a refresher challenge examination that meets the requirements established for the course;  
Provide:
  - Equipment that meets equipment requirements established for the course; and,
  - Facilities that meet facility requirements established for the course.Submit:
  - For each scheduled course, form #25-316A (Course Notification) at least 10 days prior to the course start date, and,
  - For each scheduled course, form #25-316B (Course Roster) at least 10 days after the course end date, and,
  - For each scheduled refresher challenge examination, form #25-316C (Refresher Challenge Examination Roster) at least 10 days after the examination date.

\_\_\_\_\_  
*Signature or electronic signature of the applicant's chief administrative officer or the chief administrative officer's designated representative*

\_\_\_\_\_  
*Date of signature or electronic signature*

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A COPY OF A.A.C. TITLE 9, CHAPTER 25, ARTICLE 3 HAS BEEN FORWARDED TO THE APPLICANT WITH THIS APPLICATION.

Form #25-303B